

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

107521677

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—					
2		—				
3	—					
4	—					
5	—					
6	—					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	2					
16	2					
17	2					
18	2					
19	1					
20	2					
21	2					
22	2					
23	2					
24	1					
25	1					
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50						
TOTAL IND.	3		↓	↓	↓	
TOTAL DEP.	8		←	←	←	
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						